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## Facsimile

<b>To</b> Mail Stop Amendment - Commissioner for Patents	<b>Company</b> USPTO	<b>Fax Number</b> (703) 872-9306	<b>Phone Number</b>
<b>Date</b> April 12, 2005	<b>Client/Matter Number</b> 320400-00004		
<b>From</b> John S. Paniaguas	<b>Attorney Number</b> 32347		
<b>Phone</b> 312.902.5312	<b>Fax</b> 312.577.4532		
<p><b>Total number of pages, including cover letter: pages 13</b>  <b>If you do not receive all of the pages, please call: 312.902.5312</b></p>			

### Comments

RE: Patent Application No.: 10/617,477  
Filing Date: July 11, 2003  
Inventor: Steven Roy Lipscomb  
Title: Game Table with Integral Lighting System  
Confirmation No.: 3454

Please file the attached:  
Transmittal Form (1 p.)  
Fee Transmittal (1 p.)  
Amendment (7 pp.)  
Petition for Extension of Time (1 p.) in duplicate  
Patent Application Determination Record (1 p.)

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T-156 P.02/13 F-724

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PTO/SB/21 (09-04)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/617,477
	Filing Date	July 11, 2003
	First Named Inventor	Steven Roy Lipscomb
	Art Unit	3718 3711
	Examiner Name	Collins, Delores R.
Total Number of Pages in This Submission	Attorney Docket Number	320400-00004

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Patent Application Fee Determination Record
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Katzman Muchin Zavis Rosenman		
Signature	<i>John S. Panagoras</i>		
Printed name	John S. Panagoras		
Date	4-12-05	Reg. No.	31,051

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Signature	<i>Janelle A. Reitz</i>
Typed or printed name	Janelle A. Reitz
Date	4-12-05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete If Known</b> Application Number <b>10/617,477</b> Filing Date <b>July 11, 2003</b> First Named Inventor <b>Steven Roy Lipscomb</b> Examiner Name <b>Collins, Delores R.</b> Art Unit <b>3742-3711</b> Attorney Docket No. <b>320400-00004</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>\$60.00</b>			

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 20 or HP = _____	x _____	= _____
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 3 or HP = _____	x _____	= _____
HP = highest number of independent claims paid for, if greater than 3		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Payment for Extension of Time - 1 month

Fees Paid (\$)

\$60.00

**SUBMITTED BY**

Signature	<i>John S. Panagias</i>	Registration No. (Attorney/Agent)	31,051	Telephone (312) 802-5260
Name (Print/Type)	John S. Panagias	Date	4-12-05	

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PATENT  
Attorney Docket No. 320400-00004

## IN THE U.S. PATENT AND TRADEMARK OFFICE

Application No.: 10/617,477 )  
Filing Date: July 11, 2003 )  
Inventor(s): Steven Roy Lipscomb )  
Group Art Unit: ~~3712~~ 3711 )  
Examiner Name: Collins, Delores R. )  
Customer No.: 27160 )  
Title: Game Table with Integral Lighting )  
System )  
Confirmation No.: 3454 )

CERTIFICATE OF TRANSMISSION

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4-12-05  
Date  
Janelle A. ReitzMail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450AMENDMENT

Sir:

In response to the Official Action mailed on December 14, 2004, please enter the following Amendment.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 4 of this paper.